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For BIR
Use OnlyBCS/
Item:Republic of the Philippines
Department of Finance
Bureau of Internal RevenueBIR Form No.
2316**Certificate of Compensation
Payment/Tax Withheld**

January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 2 0 2 2		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 3 1	
Part I - Employee Information 3 TIN 9 1 3 - 3 1 8 - 5 9 2 - 0 0 0 0 4 Employee's Name (Last Name, First Name, Middle Name) MANIGBAS, JOHNETTE AREVALO 5 BDO Code 1 2 6 6 Registered Address Block 5 Lot 16 Unit A Mars St. Estrella Homes 2, 169, Caloocan City, 1612 6A ZIP Code 6B Local Home Address 6C ZIP Code 6D Foreign Address 7 Date of Birth (MM/DD/YYYY) 1 0 0 4 1 9 7 3 8 Contact Number 9 Statutory Minimum Wage rate per day 10 Statutory Minimum Wage rate per month 11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax Part II - Employer Information (Present) 12 TIN 2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0 13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC. 14 Registered Address GF, 14TH TO 25TH FLOORS AYALA NORTH EXCHANGE TOWER 2, SAN LORENZO, MAKATI CITY 1223 14A ZIP Code 15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer Part III - Employer Information (Previous) 16 TIN 17 Employer's Name 18 Registered Address 18A ZIP Code Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 514,044.97 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 115,275.26 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 398,769.71 22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 398,769.71 24 Tax Due 29,753.94 25 Amount of Taxes Withheld 25A Present Employer 29,753.94 25B Previous Employer, if applicable 0.00 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 29,753.94		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount 27 Basic Salary (including the exempt P250,000 below or the Statutory Minimum Wage of the MWE) 28 Holiday Pay (MWE) 29 Overtime Pay (MWE) 30 Night Shift Differential (MWE) 31 Hazard Pay (MWE) 32 13th Month Pay and Other Benefits (maximum of P90,000) 46,057.12 33 De Minimis Benefits 30,654.44 34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 20,701.51 35 Salaries and Other Forms of Compensation 17,862.19 36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 115,275.26 B. TAXABLE COMPENSATION INCOME REGULAR 37 Basic Salary 368,999.48 38 Representation 39 Transportation 40 Cost of Living Allowance (COLA) 41 Fixed Housing Allowance 42 Others (specify) 42A 42B SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 0.00 47 Hazard Pay 48 Overtime Pay 49 Others (specify) 49A OTHER TAXABLE INCOME 29,770.23 49B 50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 398,769.71	

I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 EDENREY RAMOS Present Employer/Authorized Agent Signature over Printed Name	Date Signed
52 MANIGBAS, JOHNETTE AREVALO Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Place of Issue
Date Issued	Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

53 **EDENREY RAMOS**
Authorized Employer/Authorized Agent Signature over Printed Name
(Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 1604-C shall serve the same purpose as BIR Form No. 1700-A for the purpose of the income tax return.

54 **MANIGBAS, JOHNETTE AREVALO**
Employee Signature over Printed Name

*NOTE: The CTC Data Privacy is on the BIR website (www.bir.gov.ph)